# Army Reserve Medical Command (AR-MEDCOM Information Brief)

## Western Regional Medical Conference

## 22 May 2004

## MG Kenneth D. Herbst

## Deputy Surgeon General for Mobilization, Readiness, and

# Purpose

***To provide an update on the CAR-directed establishment of AR-MEDCOM and the supporting implementation plan***

# Agenda

- Overview of Reserve Medical Structure
- Army Reserve Transformation/AMEDD Transformation
- COES
- AR-MEDCOM Organizational Structure
- Army Reserve Regional Medical Commands
- Medical Readiness Training Command Concept
- AMEDD Professional Management Command
- Implementation Timeline
- Summary

# SRC 08 (MD) – Total Army AMEDD Force (Current) Laydown *(TOE)*

| Units | | Authorizations | |
|---|---|---|---|
| AC - (34%) | 131 | AC - (27%) | 9,484 |
| **USAR - (53%)** | **2** | **USAR - (57%)** | **20,46** |
| ARNG - (13%) | 49 | ARNG - (16%) | 5,656 |
| **Total Units =** | **380** | **Total Auths =** | **35,60** |

# SRC 08 (MD) – Current Army Reserve Force (TOE) Distribution

## Units

| | |
|---|---|
| HOSPITALS - (13%) | 27 |
| AUG TEAMS - (35%) | 69 |
| EVACUATION - (5%) | 9 |
| DENTAL - (6%) | 11 |
| CBT ST CTRL - (4%) | 8 |
| PREV MED - (13%) | 26 |
| LAB - (1%) | 1 |
| VET - (5%) | 11 |
| MED LOG - (10%) | 21 |
| C2 - (8%) | 17 |

**Total Units = 200**

## Authorizations

| | |
|---|---|
| HOSPITALS - (61%) | 12,349 |
| AUG TEAMS - (9%) | 1,879 |
| EVACUATION - (3%) | 655 |
| DENTAL - (5%) | 1,001 |
| CBT ST CTRL - (2%) | 344 |
| PREV MED - (2%) | 338 |
| LAB - (1%) | 43 |
| VET - (1%) | 253 |
| MED LOG - (8%) | 1,756 |
| C2 - (8%) | 1,842 |

**Total Auths = 20,460**

# SRC 08 (MD) – Total Army AMEDD Force (Current) Laydown *(TDA)*

| Units | | Authorizations | |
|---|---|---|---|
| AC - (25%) | 38 | AC - (62%) | 24,124 |
| **USAR - (39%)** | **5** | **USAR - (26%)** | **10,0** |
| ARNG - (36%) | 54 | ARNG - (12%) | 4,500 |
| **Total Units =** | **150** | **Total Auths =** | **38,7** |

# Six Imperatives of FRRI
## (Federal Reserve Restructuring Initiative)

1. **Re-engineer the Mobilization Process**. This will remove impediments between t competent legal authority authorizes mobilization and the time soldiers arrive at t they are needed.

**2. Transform Army Reserve Command and Control. This will app focus efforts on soldier readiness, unit readiness, and shortened mobilization timelines.**

***3. Remove Unready Units**. This will eliminate hollow over-structure and enhance readiness by resourcing a smaller, more focused, high demand, and capable force manned and organized at ALO-1.*

***4. Implement Human Resources Life Cycle Management**. This will ensure "Once a S always a Soldier" is a statement of fact, not just a desire for Army Reserve soldiers*

***5. Build a Rotational Base in our Force.** This will facilitate Army Reserve engageme a wide variety of Army operations, provide units with operational expertise, provid OPTEMPO relief for the Active Army, impart a sense of predictability for our Soldiers and even out the work load across the force.*

***6. Re-engineer Individual Capabilities**. This will ensure the support we provide the Active Army is based, not on "Cold War" mobilization TDAs, but instead built to me World-wide Individual Augmentation System (WIAS).*

# Our Azimuth

## "Roadmap to Transformation"

**Focused**

**Modular Flexible Agile**

1985 ~ Present — MF2K

1991 ~ Present — FST

1995 ~ Present — MRI

2000 — HOSP / COES Policy

2001 — ESS Care in THTR/Skip

2001 — MC4 / TMIP WIN-T

2002 — RRC Brief

2003 — AMI

2003 — Shelters / Containers / PLS / [illegible]

On-Going — Technology Insertion

**The Soldier**

**The Centerpiece of Our Effort**

CURRENT → FUTURE

# Transforming the Medical Force

**Smaller, Modular, Split-based**
**Capable, Scalable,**
**Strategically Responsive**

## Current

**F2K Hospitals**
Q PAD Supply Admin
Nutrition Clinics ER
Dental Lab X-ray
Pharmacy Surgery
Medical
Intensive Care Units
termediate Care Wards
Minimal Care Wards

**296 Beds**

## Future

*MRI*

*MRI*

**Future Medical Force**

**Future Hospital Systems**

**MRI CSH**

HHD

| | | | | |
|---|---|---|---|---|
| Pharm | ER | X-ray | PAD | Supply |
| Nutrition | | Admin | | Clinics |
| OR | ICUx2 | | ICW | Lab |

**84 Beds**

OR

| | | |
|---|---|---|
| OR | ICU | |
| Pharm | ER | X-ray |
| ICW | | Lab |

| | | | | |
|---|---|---|---|---|
| | OR | | | Lab |
| Pharm | ER | X-ray | PAD | Supply |
| Nutrition | | Admin | | Clinics |
| ICU | | ICW | | Dental |

**164 Beds**

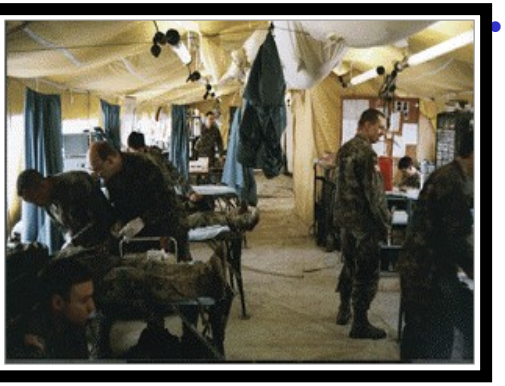
| | | | | |
|---|---|---|---|---|
| HHD | OR | | Dental | Lab |
| Pharm | ER | X-ray | PAD | Supply |
| Nutrition | | Admin | | Clinics |
| ICUx2 | | ICW | | Dental |

**44 Beds**

\+ *Plus Triage/EMT Med Maint*

# Early Entry Hospitalization Element 44 Bed

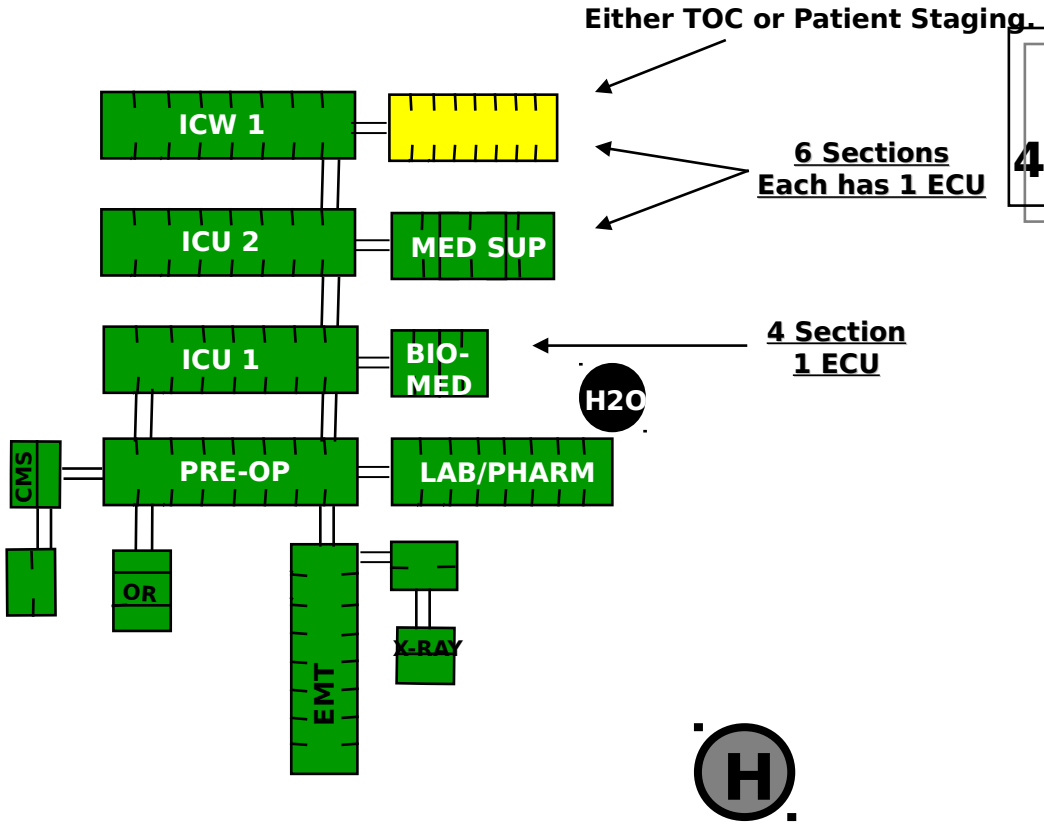
- Capabilities:
  - Capable of up to 72 hours stand alone operations with augmentation from the HQ Sec EEH Element (44 Bed), TOE 08546AA00, without resupply.
  - Emergency treatment to receive, triage, and prepare for incoming patients for surgery.
  - Surgical capability consisting of general and orthopedic surgery based on 2 operating room tables staffed for 36 OR table hours per day. This unit also provides OR space and time for OR table hours required by the Hospital Augmentation Surgical Teams.
  - Hospitalization for up to 44 patients consisting of two wards providing intensive care nursing for up to 24 patients and one ward providing intermediate care nursing for up to 20 patients.



# Early Entry Hospitalization Element 44 Bed

- Capabilities (continued):
  - Unit level combat health support for organic personnel.
  - Pharmacy and clinical laboratory services to include basic microbiology screening, blood banking and radiology services.
  - Administration, patient administration, logistical and nutritional care services.
  - Hospital Ministry Team for the unit.
  - All work areas and assemblages deploy with three days of supply on hand within the identified Medical Materiel Set(s).
  - Capable of being augmented with multiple 120 bed minimal care detachments

# EXAMPLE FOR A 44 BED COES SET-UP

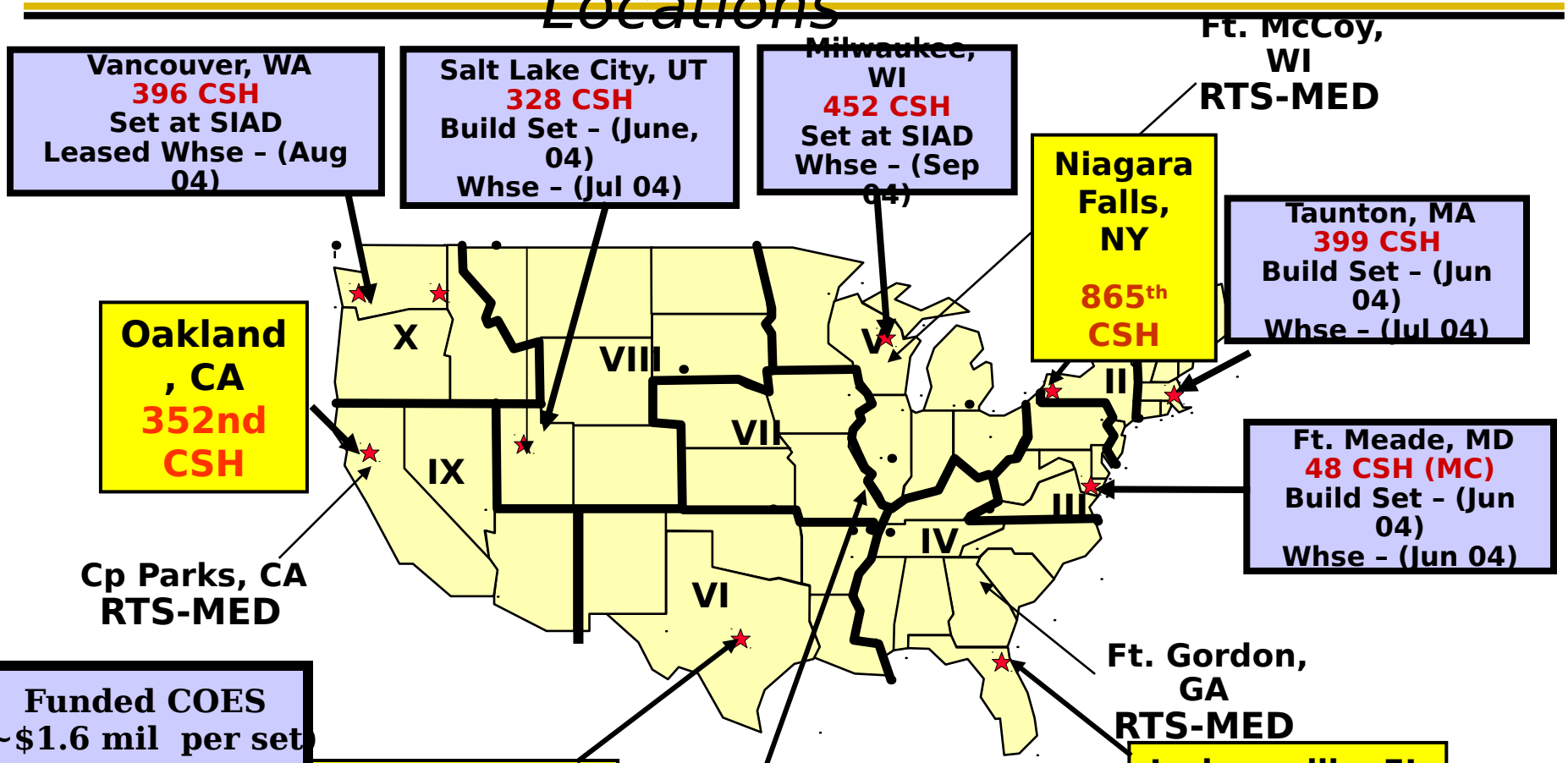


# *“Clinical Operational Equipment Set”*

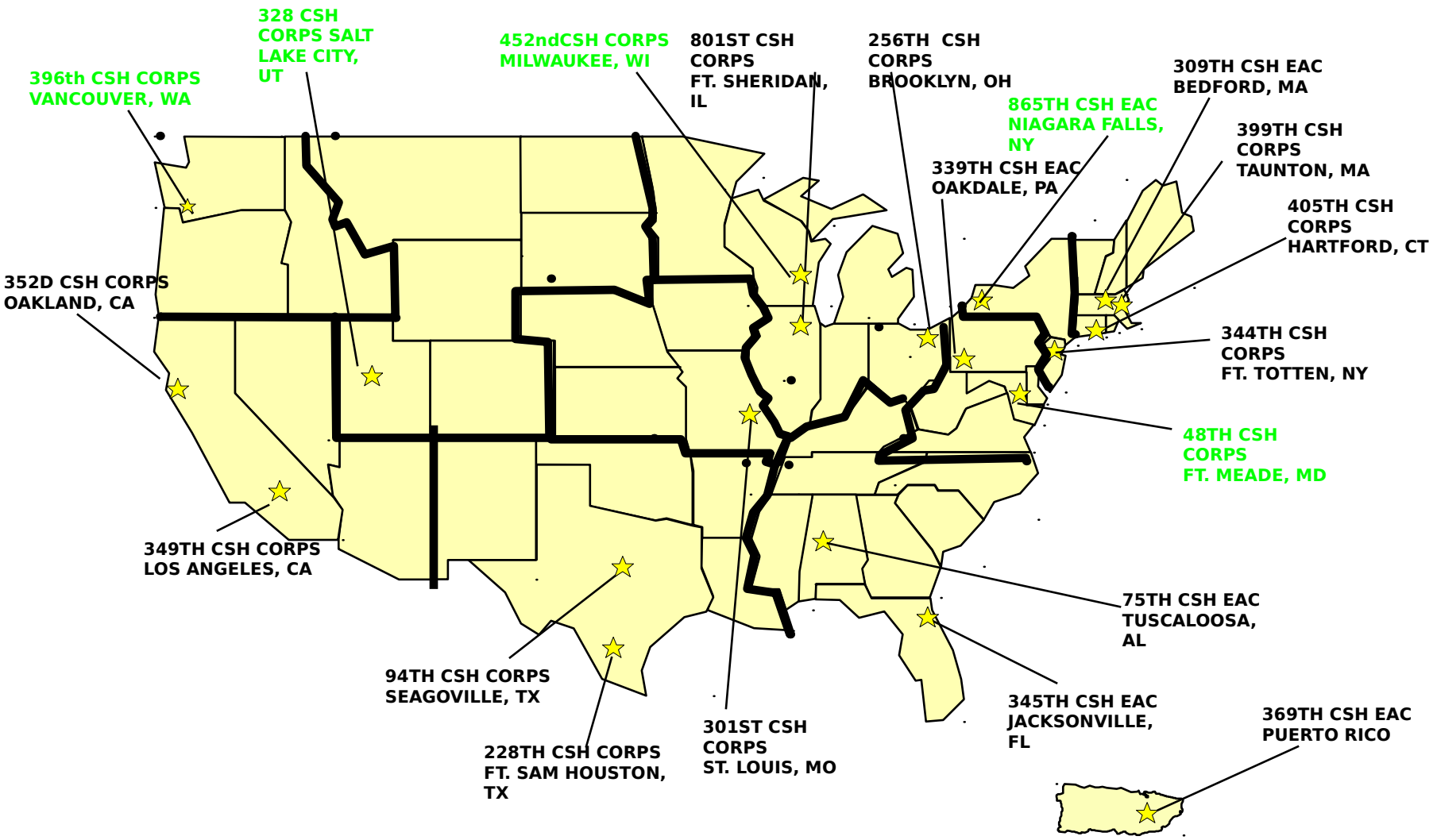
**21st CSH OCT 2003**

# Sierra Army Depot (SIAD), CA

# Proposed COES Stationing Locations



# MRI HOSPITAL LOCATIONS


328 CSH CORPS SALT LAKE CITY, UT
452ndCSH CORPS MILWAUKEE, WI
801ST CSH CORPS FT. SHERIDAN, IL
256TH CSH CORPS BROOKLYN, OH
309TH CSH EAC BEDFORD, MA
865TH CSH EAC NIAGARA FALLS, NY
399TH CSH CORPS TAUNTON, MA
396th CSH CORPS VANCOUVER, WA
339TH CSH EAC OAKDALE, PA
405TH CSH CORPS HARTFORD, CT
352D CSH CORPS OAKLAND, CA
344TH CSH CORPS FT. TOTTEN, NY
48TH CSH CORPS FT. MEADE, MD
349TH CSH CORPS LOS ANGELES, CA
75TH CSH EAC TUSCALOOSA, AL
94TH CSH CORPS SEAGOVILLE, TX
345TH CSH EAC JACKSONVILLE, FL
369TH CSH EAC PUERTO RICO
228TH CSH CORPS FT. SAM HOUSTON, TX
301ST CSH CORPS ST. LOUIS, MO

# Warehouse Storage Report

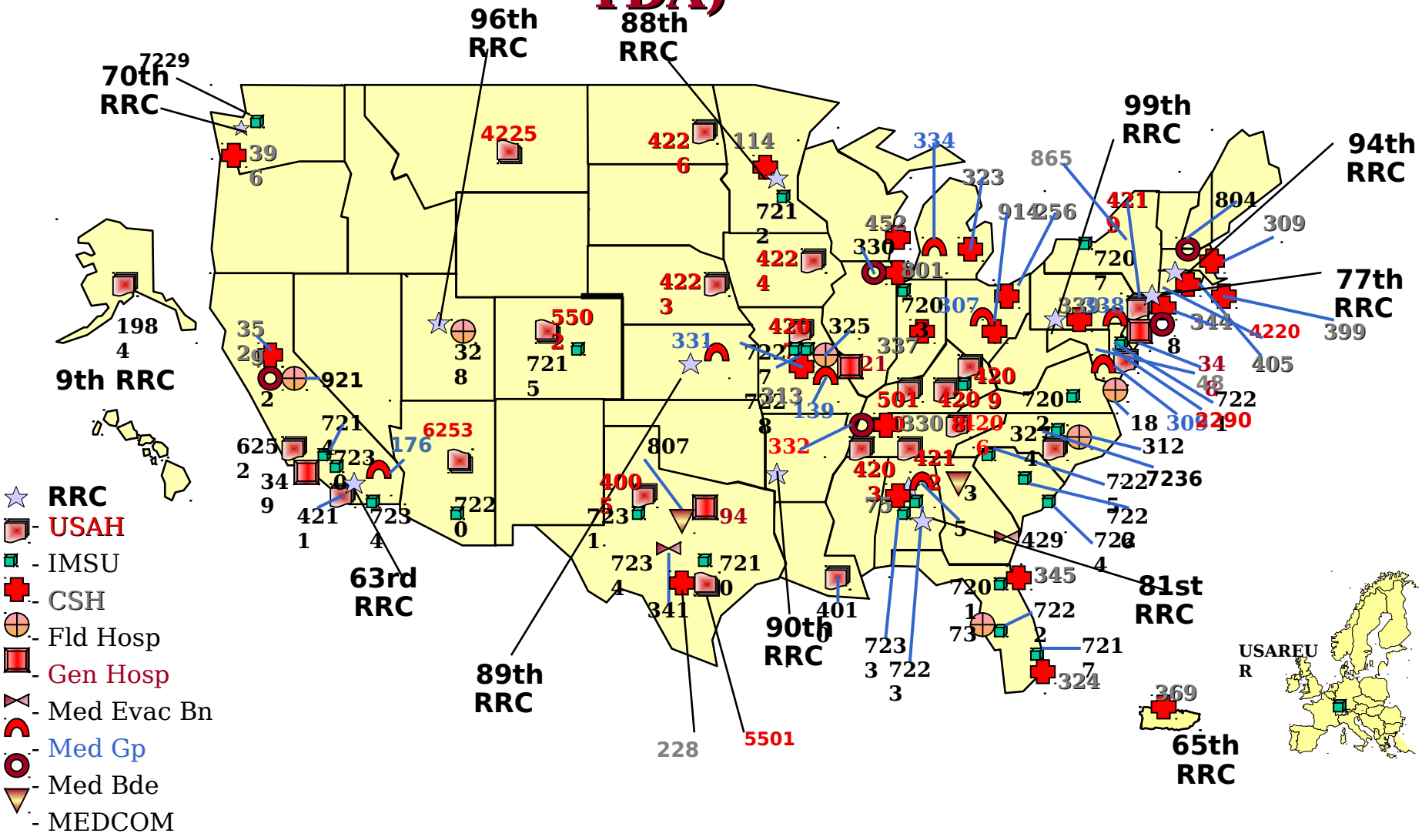
1. **396th CSH** – Lease Warehouse in Vancouver, WA **(1 Aug 04)**
2. **452nd CSH** – Build Warehouse in Milwaukee, WI **(1 Sept 04)**
3. **328th CSH** – Renovate Warehouse in Ogden, UT **(1 Jul 04)**
4. **48th CSH** – Build Warehouse at Brandt Reserve Center (15 miles from Ft. Meade, MD) **(15 Jun 04)**
5. **399th CSH** – Build Warehouse at Narragansett, RI (45 Miles from Unit) **(1 Jul 04)**
6. **228th CSH** – Build Warehouse at Fort Sam Houston, TX **(15 May 04)**
7. **352nd CSH** – Build Warehouse at Camp Parks, CA **(15 Jun 04)**
8. **405th CSH** – Build Warehouse at Granby, CT (15 miles from Unit) **(30 Sep 04)**
9. **Design** Proto type Warehouse through the Louisville, KY Corps of Engineers (COE), assistance from OTSG Health Facility Planning Agency (HFPA) **(50% Plan due March, 2004)**

# Why an AR-MEDCOM?

## The Army Reserve AMEDD has:

- Complexity
- Intensity
- Relevance -- >30,000 Soldiers
- Diversity ~
  - MTOE -- 58%
  - TDA -- 34%
  - IMA -- 3%  OTHER:  5%
- Unique Training Requirement
- NAAD
- Credentialing
- Cross-leveling
- Potential MCO/HLS Missions
- Unique Readiness Concerns

# Army Reserve Major Medical Units, Current Organization (MTOE and TDA)



# Advantages of an AR-MEDCOM Functional Command

**- Consolidates and centrally manages Army Reserve AMEDD:**

Structure

Resources

Training

Readiness

Provide Technical Assistance for Validation of Training

Credentialing

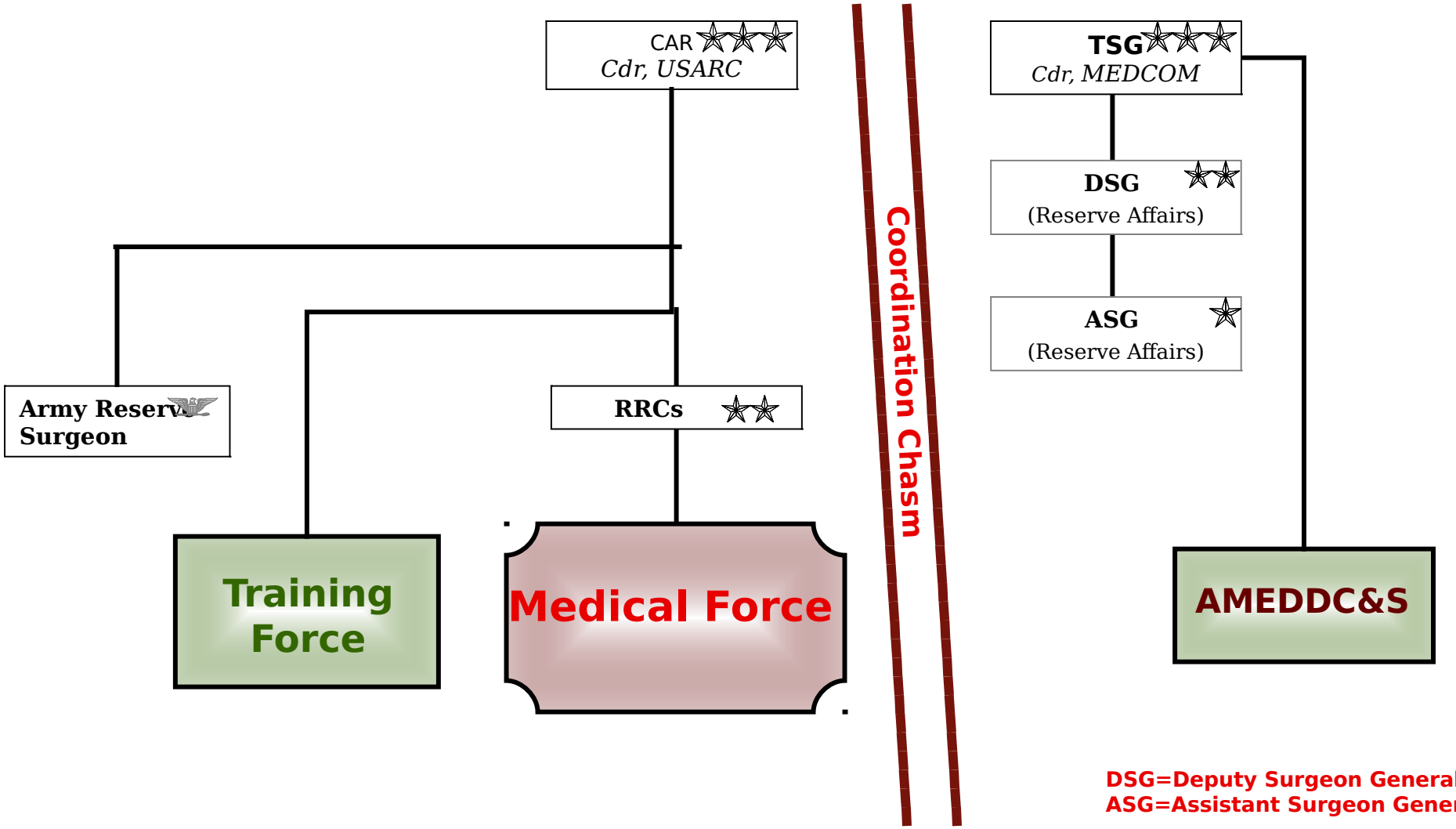
**- Clearer lines of authority with OTSG, MEDCOM, AMEDD C&S, USARC,**

**FORSCOM, CONUSAs**

**- AR-MEDCOM staffed with AMEDD functional personnel in key positions**

**- Aligns medical resources for potential Homeland Security mission**

# Current Structure



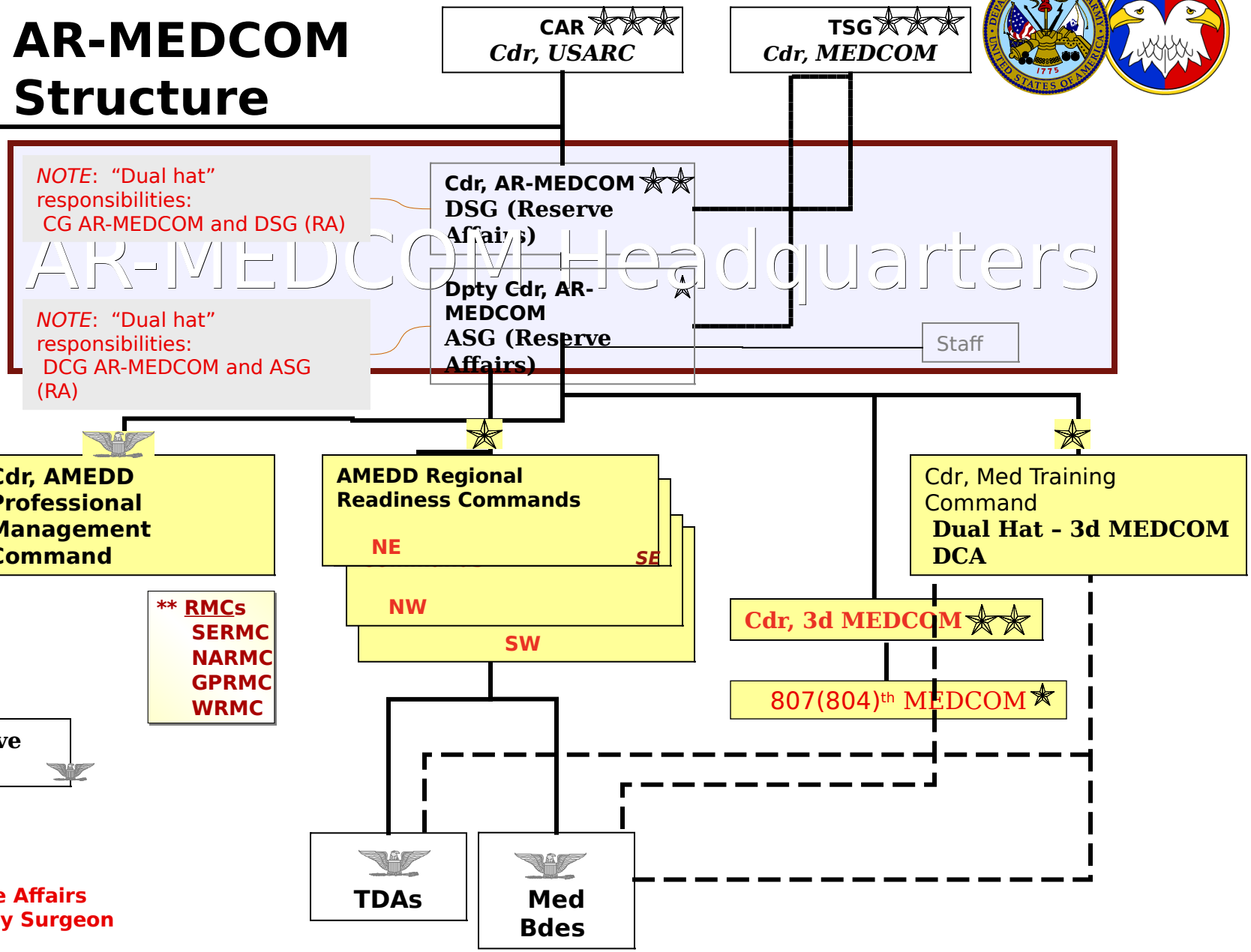

DSG=Deputy Surgeon General
ASG=Assistant Surgeon General

# Mission of AR-MEDCOM

***Exercise Command and Control of Army Reserve Medical units and Soldiers and prepare them to rapidly respond to any contingency at home or abroad across the full spectrum of operations*** ***(LTG Helmly – 19 Feb 04)***

# CONCEPT APPROVED 11 Feb 04

# AR-MEDCOM Structure

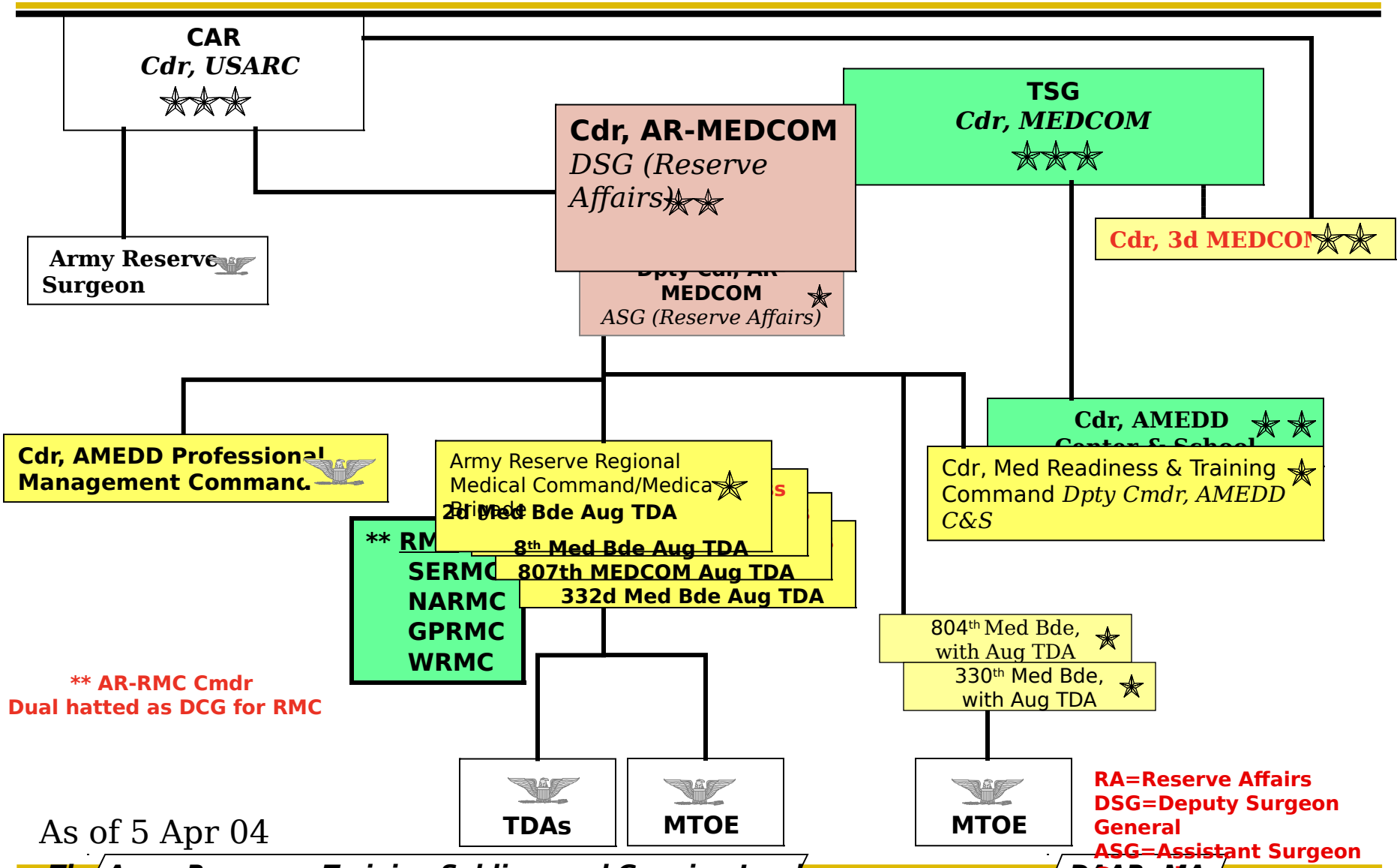



RA=Reserve Affairs
DSG=Deputy Surgeon General
ASG=Assistant Surgeon General

# Commander's Intent

- Establish an AMEDD functional medical command to assume C2 o
  all Army Reserve AMEDD MTOE and TDA units (DRC to HQ, US
- Realign common functions (i.e., training) for improved synchron
  integration, and coordination with USAMEDCOM and AMEDD C
- Align Army Reserve AMEDD units to respond to emerging NORTH
  HLS, and current contingency operations
- As with the RRCs, provide Trained and Ready units and individu
  rapidly deploy in support of the NMS
  - TTHS is a key enabler to Readiness and HR Life Cycle Mana
- Augment the MTOE Medical Brigades to provide regional peaceti
  Command and Control of MTOE and TDA units

# Proposed AR-MEDCOM Structure

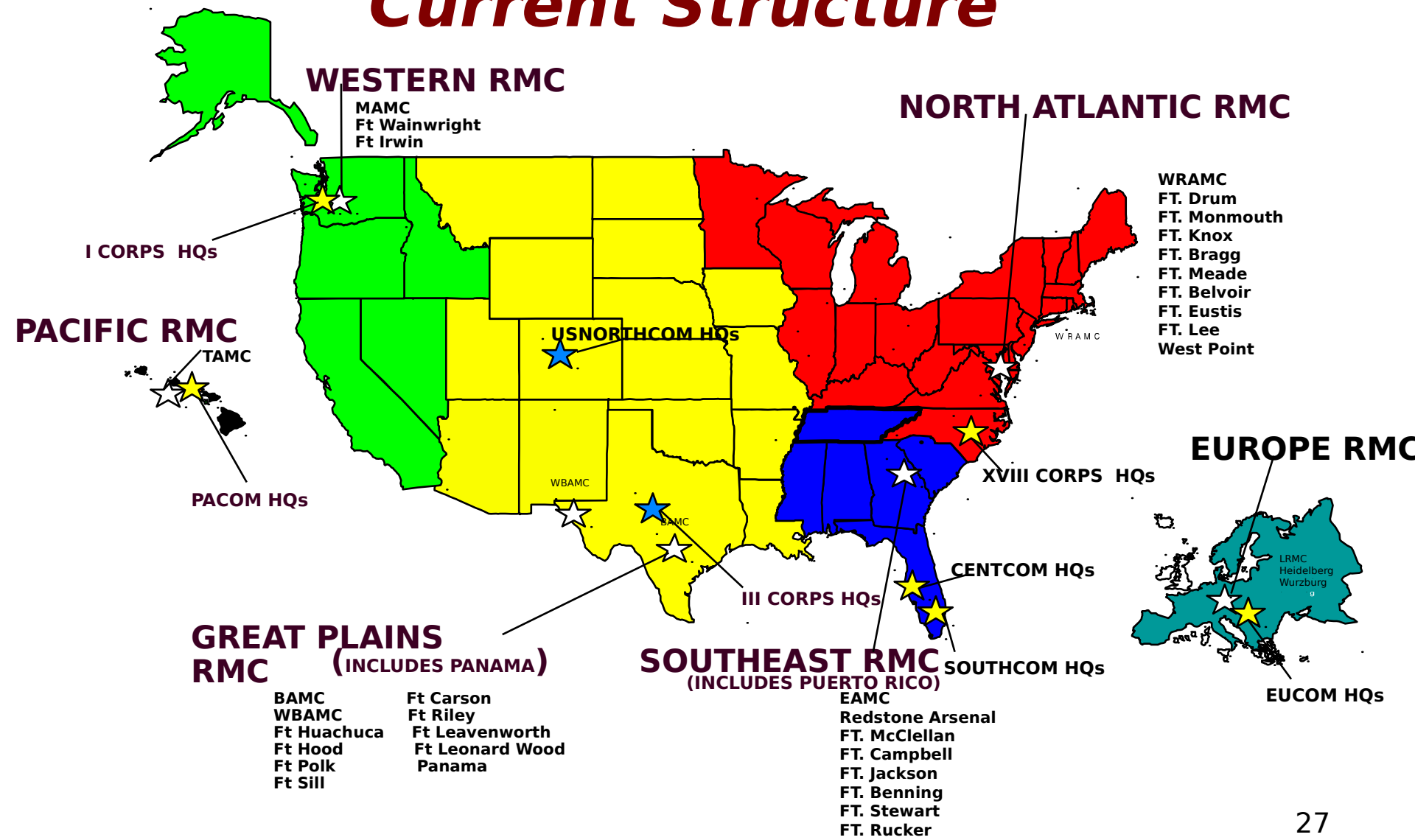



As of 5 Apr 04

# Mission of US Army MEDCOM

***Project a Healthy and Protected Force; Deploy the Medical Force; Manage the Health of the Soldier, the Soldier's Family, and Military Alumni Family***

# AC Regional Medical Command Current Structure



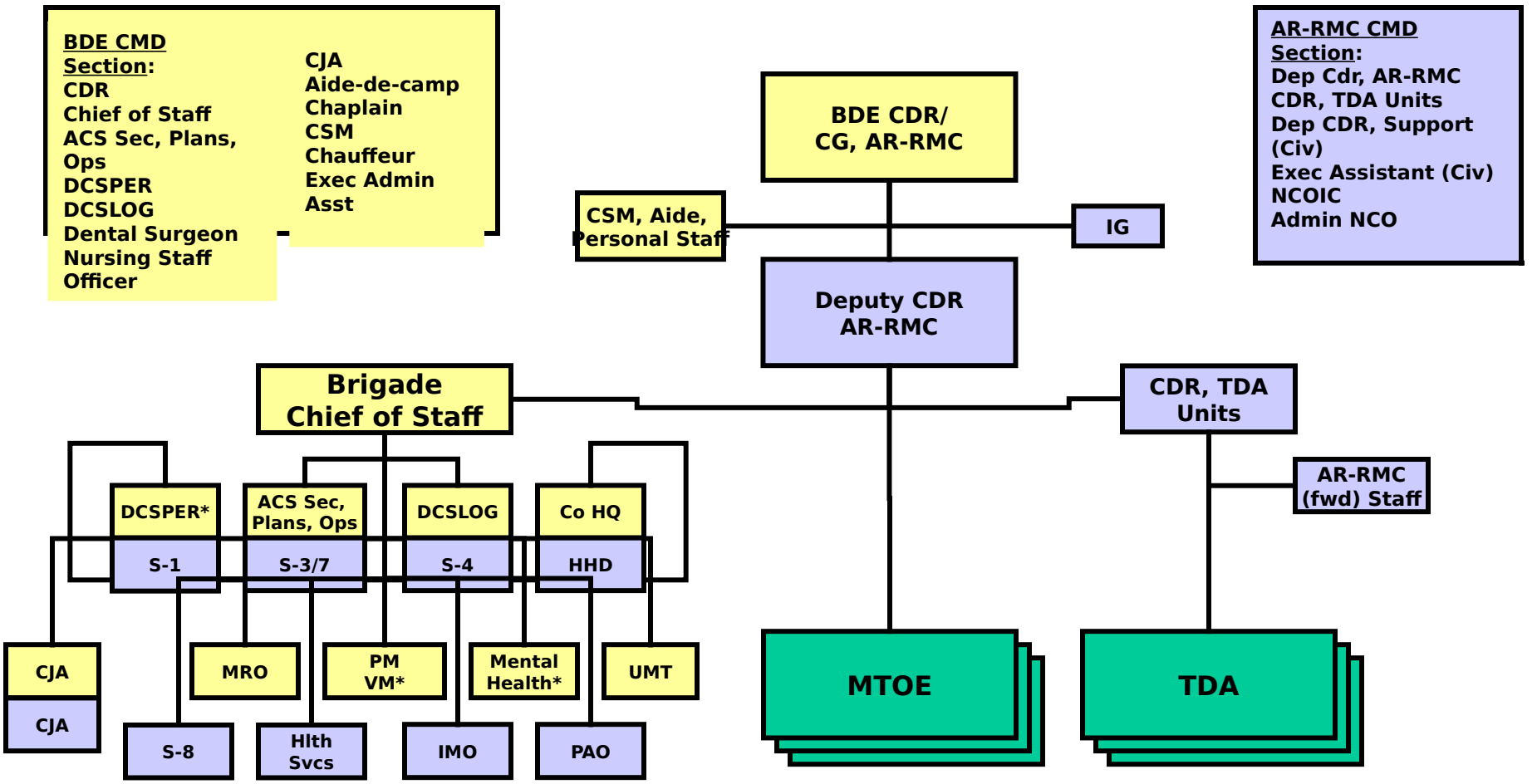
# AR-RMC Mission

- ~~Provides Regional C2 to MTOE and TDA units~~ and continuity of C2 upon TOE Med Bde deployment

- Provides augmentation to Active Component RMC for central coordination on training, readiness and mobilization of RC TDA units. AR-MEDCOM provides TDA backfill and support to US Army MEDCOM brick-and-mortar hospitals (AR-RMC FORWARD)

**Each AR-RMC is customized to the TOE it supports**

# Augmented Brigade Staff
## Working Draft

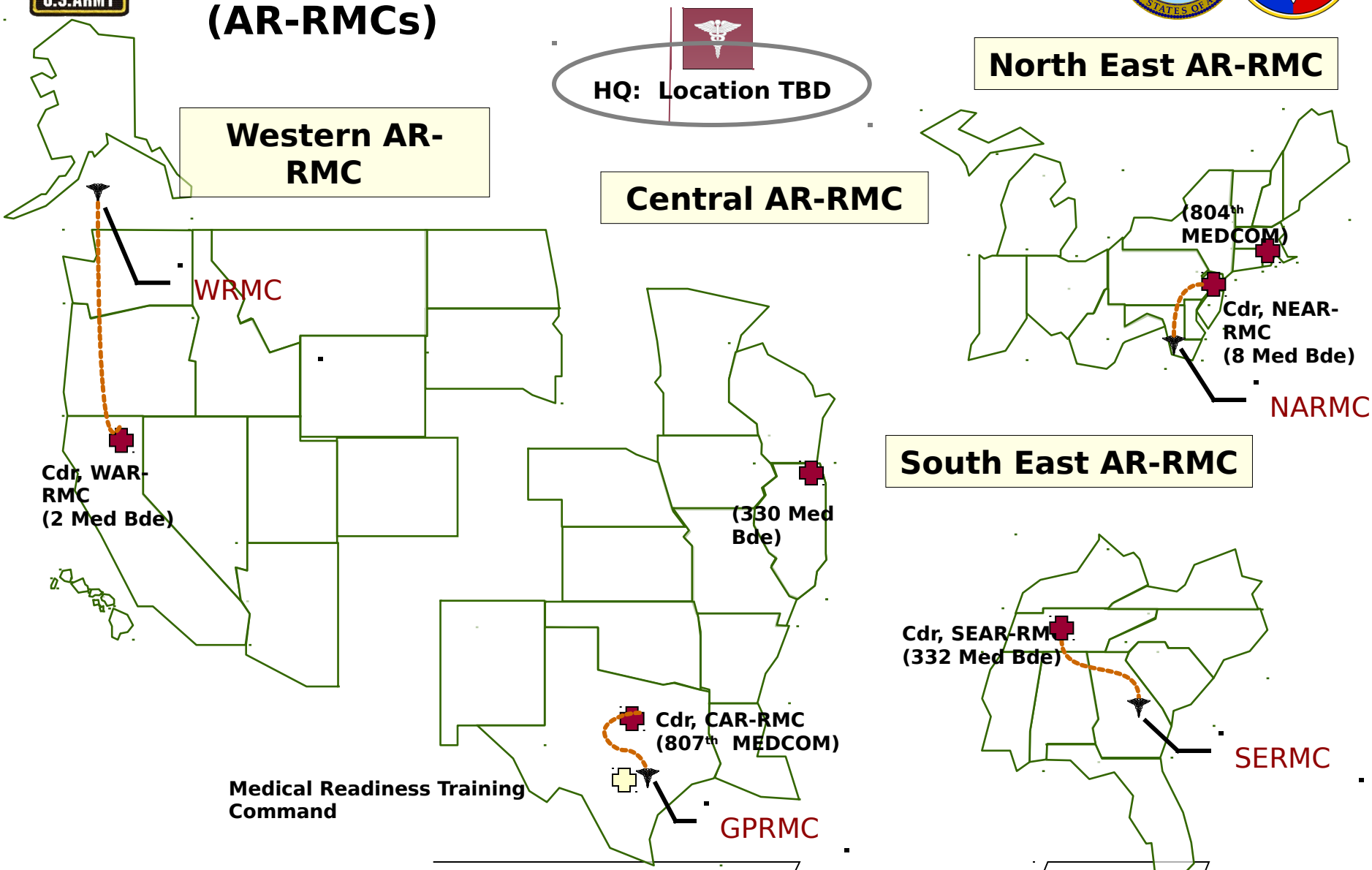



*GREEN – TDA Augmented Staff*
*Yellow – Brigade Deployable Staff*

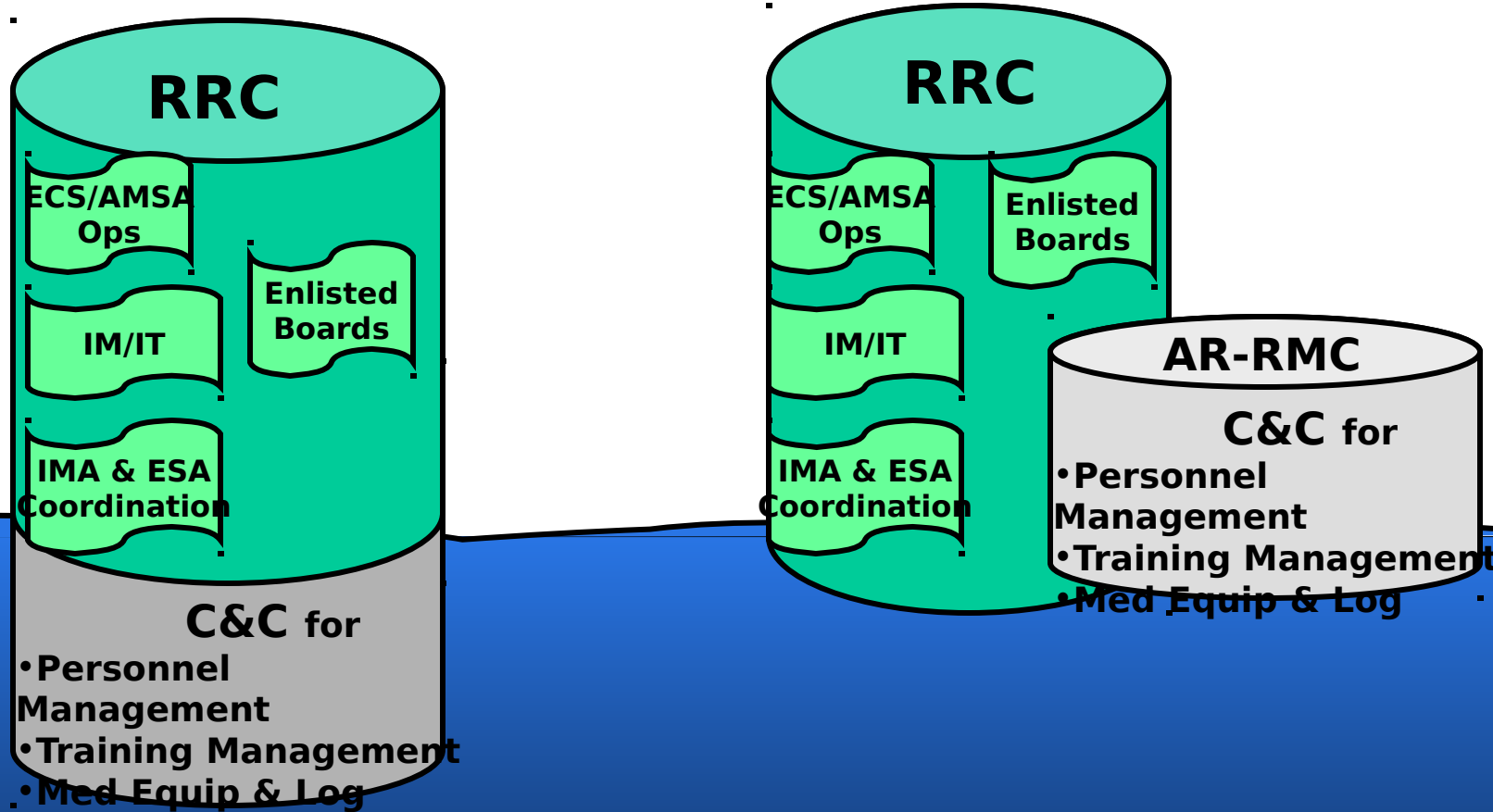


Staff Sections Vary by Brigade

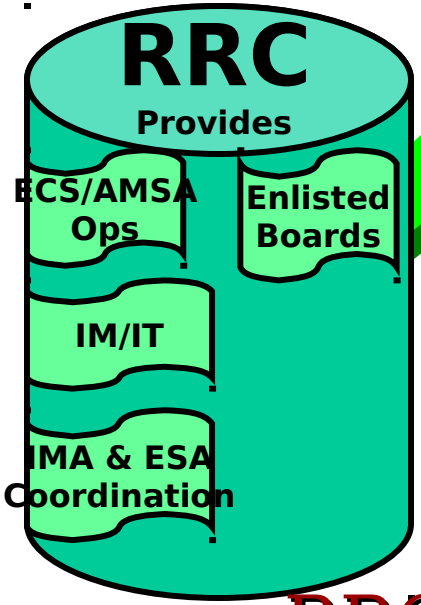
# Geographic C2 – Army Reserve Regional Medical Commands (AR-RMCs)



# TRANSITIONING MEDICAL FUNCTIONS FOR READINESS



# RRC/ARMEDCOM Partnership



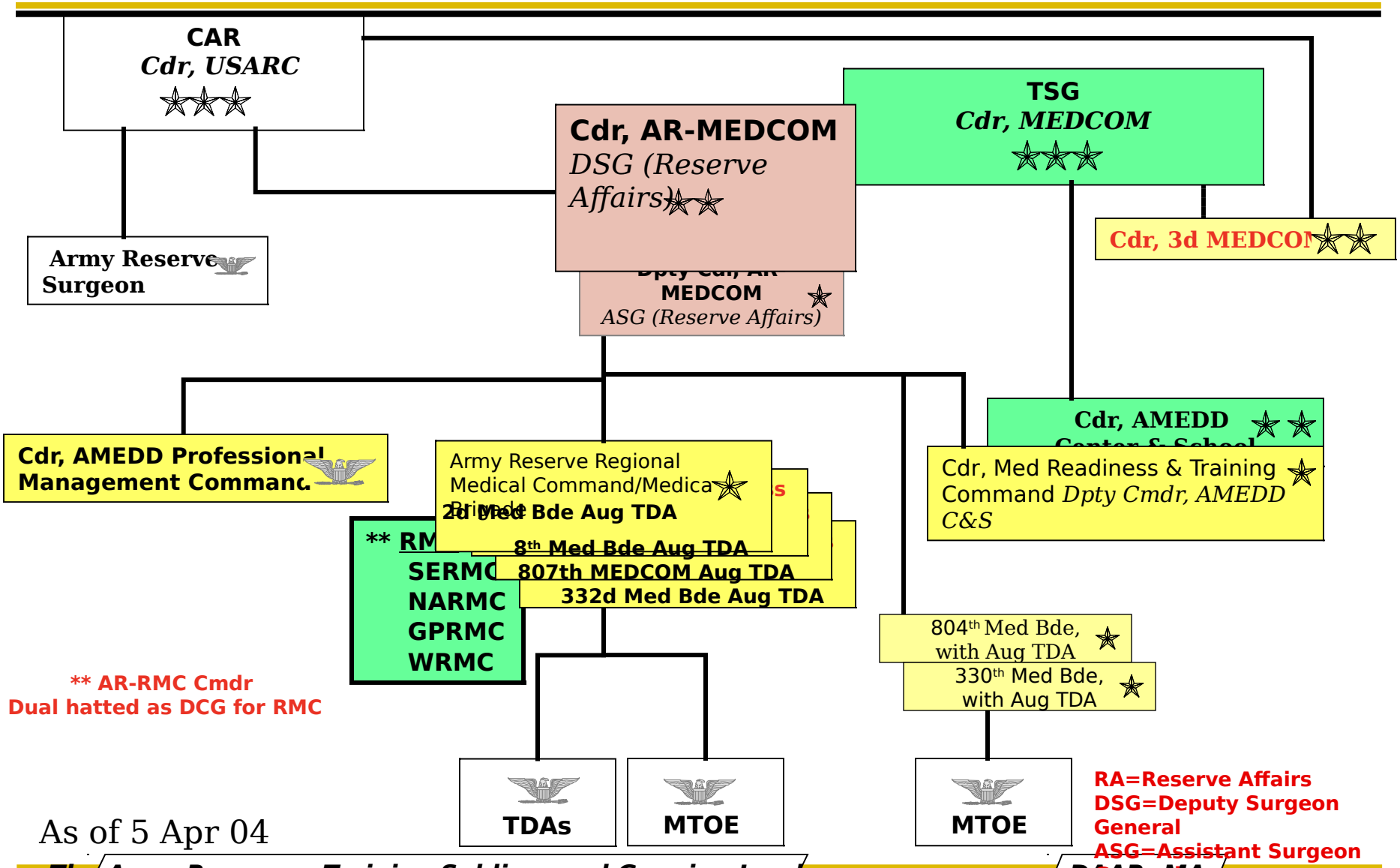
## AR-MEDCOM Provides to RRC

- INSTITUTIONAL KNOWLED
- TECHNICAL EXPERTISE
- INDIVIDUAL & COLLECTIVE TRAINING
- PROVIDE ASSISTANCE TO RRC SURGEON

## RRC-SURGEON Provides to RRC

- STAFF ADVISOR TO CG
- INDIVIDUAL MEDICAL READINESS
- PEB/MMRB SUPPORT
- ASSIST IN PROVIDING COMBAT LIFE SAVER TRAINING (CLS)
- ASSIST IN PROVIDING FIELD SANITATION CLASSES
- ASSIST WITH 91W MOS TRAINING

# Proposed AR-MEDCOM Structure




As of 5 Apr 04

# AR-MEDCOM Training Base

*A Collaborative Effort*

Cdr, Med Training Command
**(Dual Hat – DCA 3d MEDCOM)**

**AMEDDC&S**

**Medical Training Brigade**

**Medical Exercise Brigade**

**MRTC (RTS-MED)**

**Individual Tng (Technical)**

**Collective Tng (Technical)**

**Individual Tng (Tactical)**

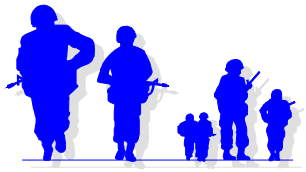
**Collective Tng (Tactical)**

**UNIT**

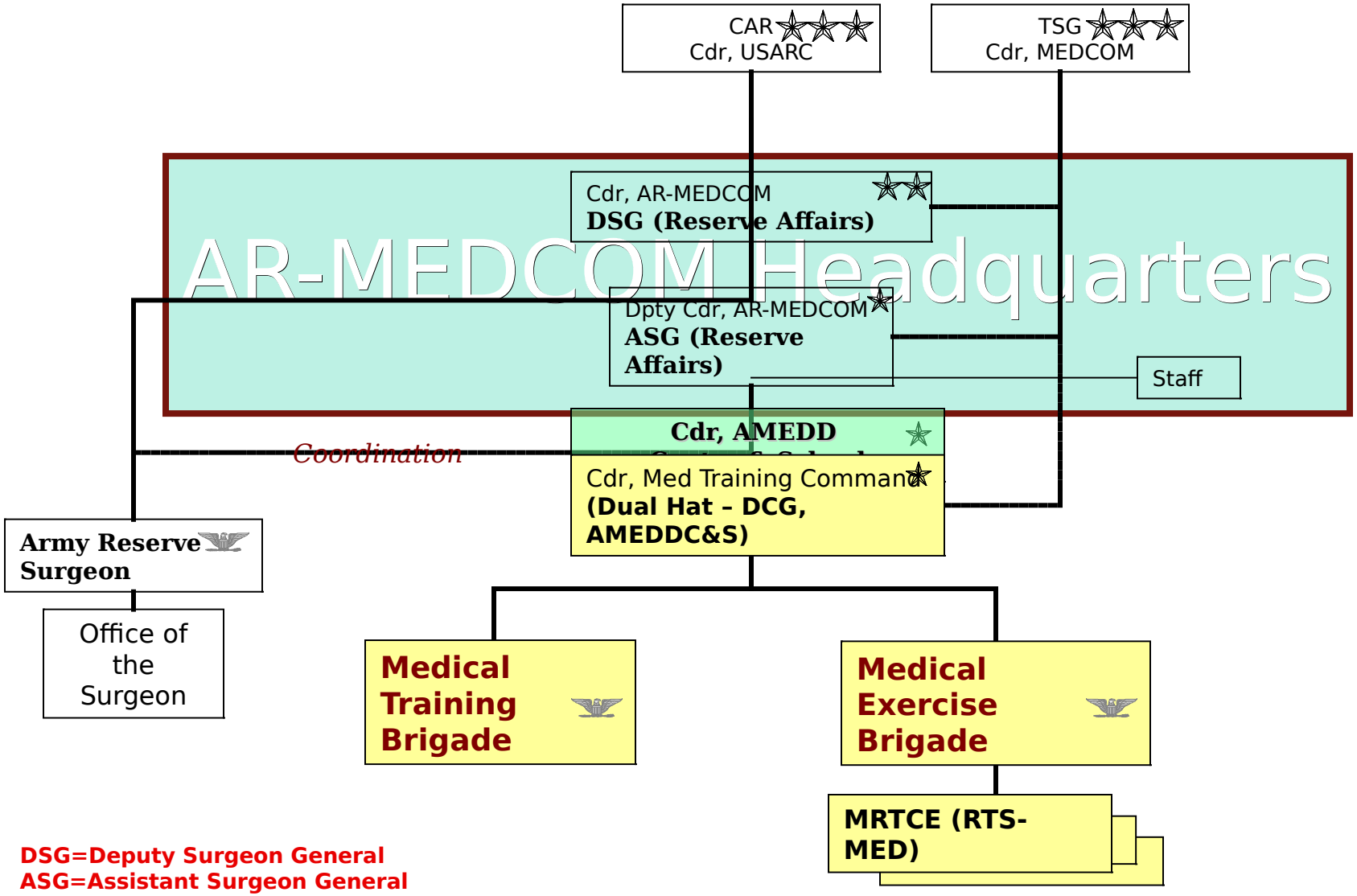
**BIT/AIT**

**TSB**

**CONUSA**



# Medical Readiness & Training Command




DSG=Deputy Surgeon General
ASG=Assistant Surgeon General

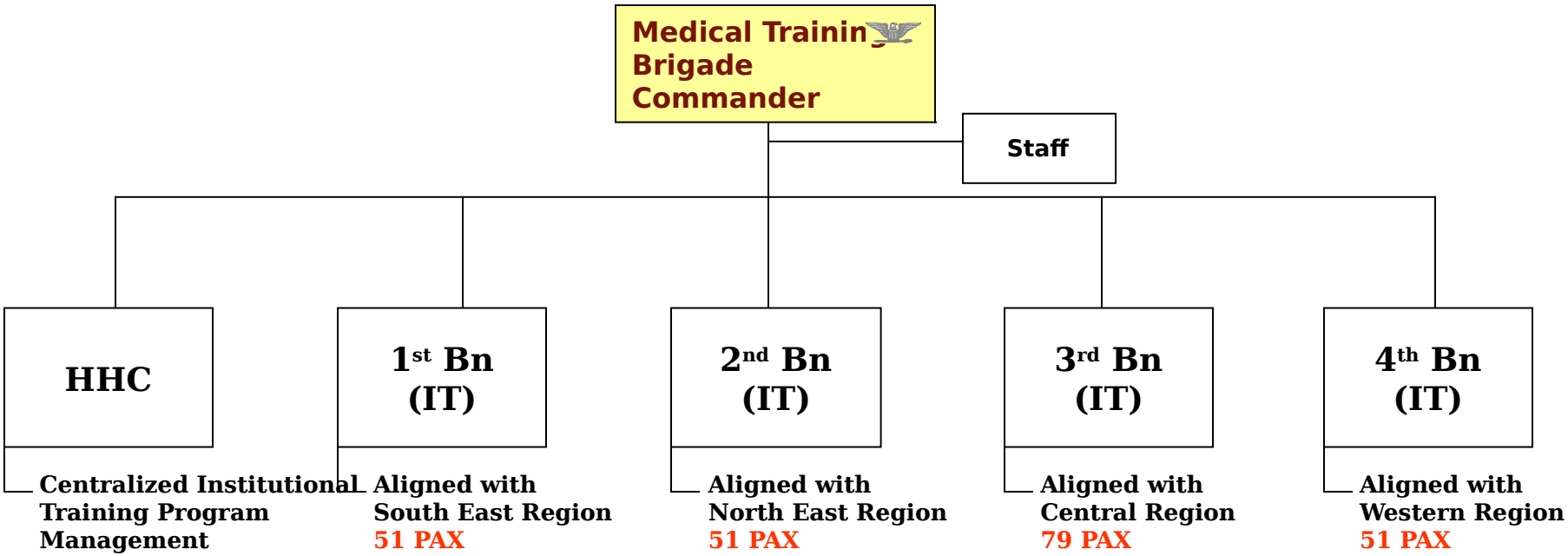
# MRTC Mission

**Manages and synchronizes individual training, collective unit training and exercises for all Army Reserve AMEDD Soldiers and units, integrates with USAMEDCOM and the AMEDDC&S. Provides technical assistance to the CONUSAs for training and validation of AR-MEDCOM units.**

# MTB Mission

**Manages, coordinates, and provides Army Reserve AMEDD individual training with the AMEDDC&S. Manages the contracting of Army Reserve medical training leading to MOSQ through the USARC. Provides individual medical training for the ARNG.**

# Medical Training Brigade (MTB)



# Medical Training Brigade

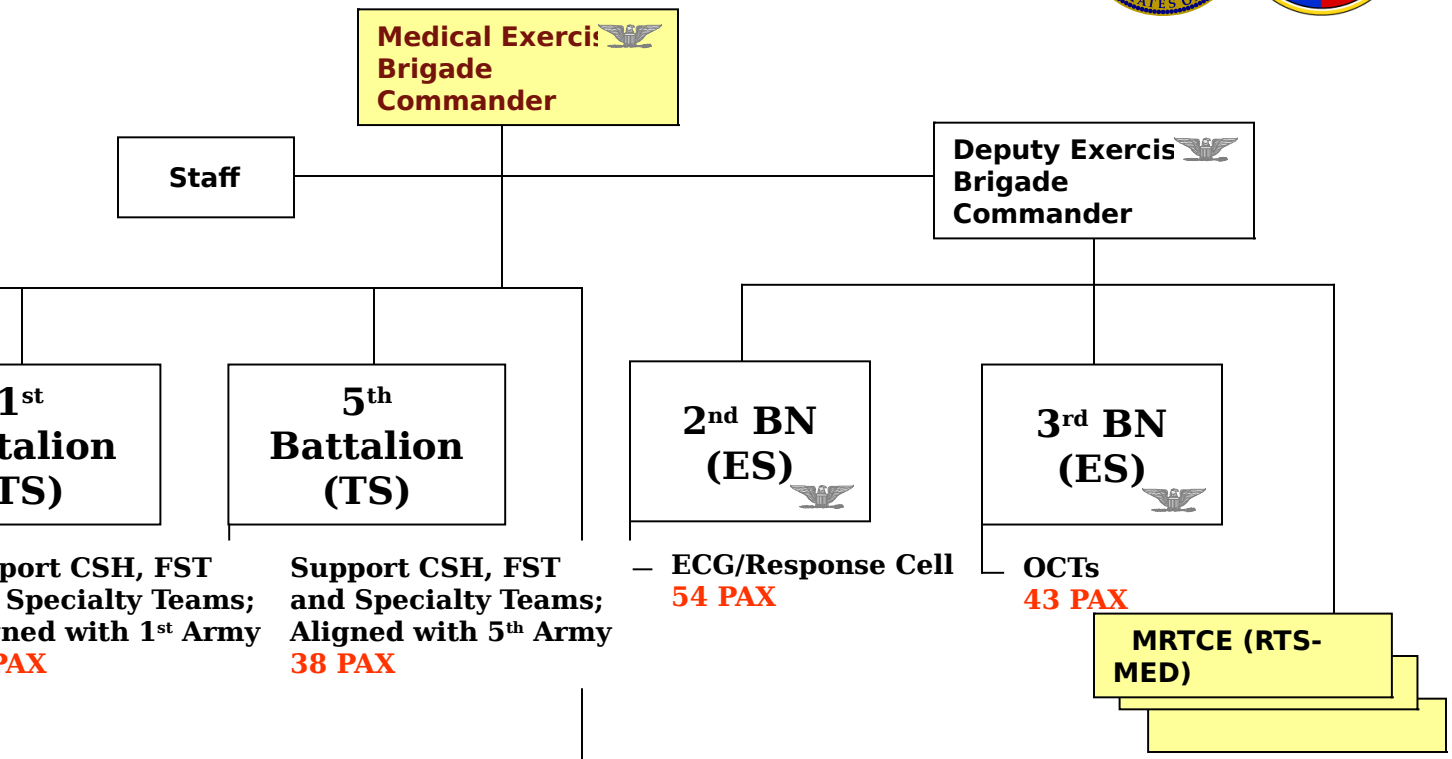
**Basic Functions:**

- **Coordinates POI development with the AMEDDC&S**
- **Coordinates the use of MRTCE for low density MOS sustainment training for AC and RC Soldiers**
- **Coordinates with AMEDDC&S for the validation of instructors to provide low density MOSQ at designated MRTCE locations**
- **Provides centralized institutional training management oversight**
- **Coordinates with the AMEDDC&S to provide & monitor sustainment, transition and re-classification individual training for AR AMEDD Soldiers**
- **Provides individual medical training for the ARNG**
- **Coordinates critical care & trauma training for Soldiers with DMRTI (AMEDDC&S)**
- **Manages the contracting of Army Reserve medical training**

# MEB Mission

**Manages and synchronizes collective unit training and exercises for Army Reserve Medical units and integrates with the AMEDDC&S for AMEDD**
**TOE doctrine, mission, logistics and training. Provides technical assistance to the CONUSAs for training and validation.**

# Medical Exercise Brigade



# Medical Exercise Brigade

- **The Medical Exercise Brigade (MEB) has two basic functions:**

  **(1) <u>Training Support (TS)</u>. The MEB TS function will focus on collective unit training. Subordinate TS Battalions are structured to include Subject Matter Experts (SME) covering the Medical Functional Areas (MFA) represented by the Medical Reserve Units in the supporting TSD's AOR, respectively.**

  **(2) <u>Exercise Support (ES)</u>. The MEB ES function will focus on exercise support; i.e. Golden Medic. Subordinate ES Battalions are structured to include exercise support personnel, including Observer Controller Trainers (OCT) covering all MFAs.**

- **The MEB will also support post mobilization training**

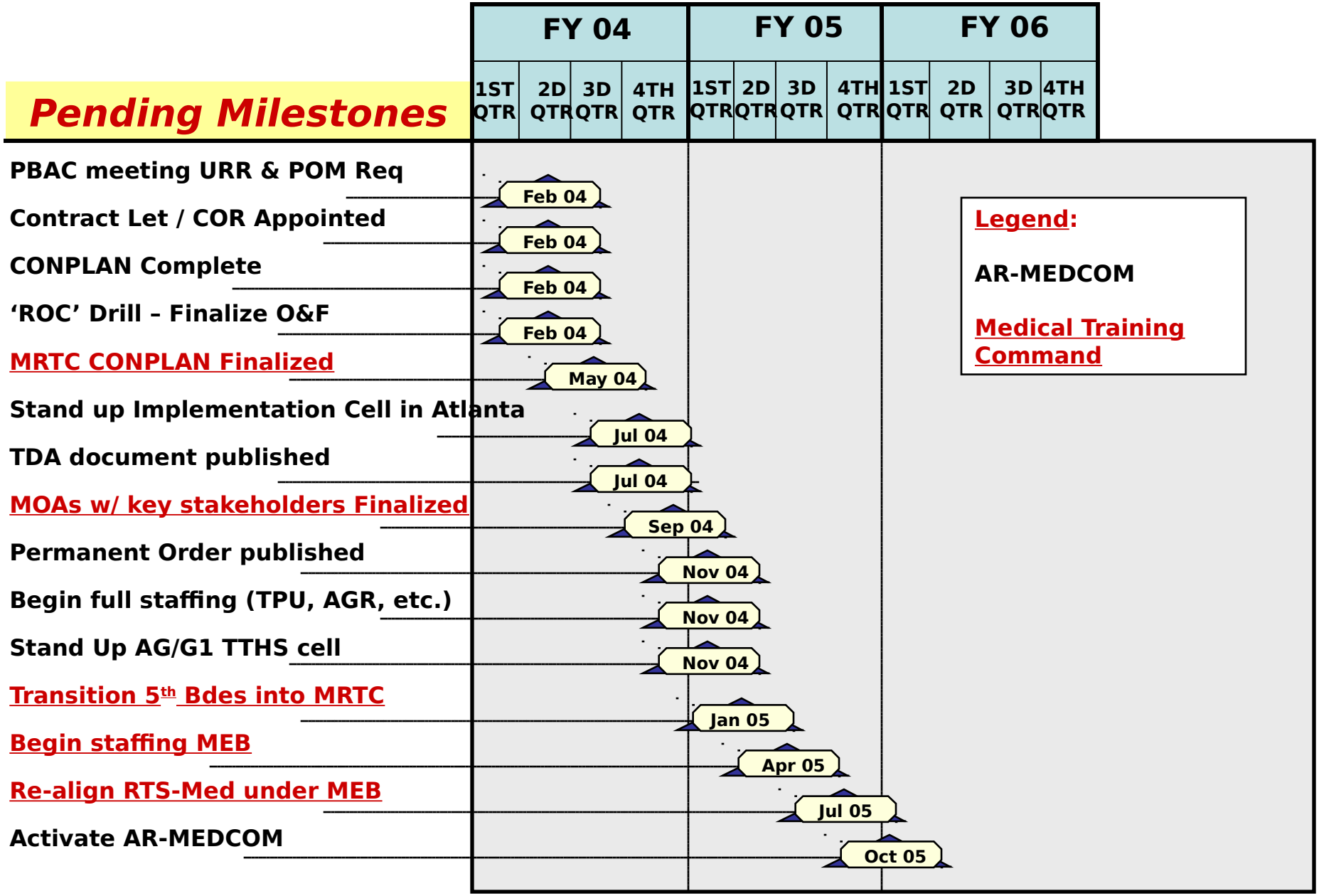
# MRTC Positions by Type

| UNIT | AGR | TPU | CIV | AC | CONTRACT | TOTAL | PROPOSED LOCATION | KEY STAKEHOLDER |
|---|---|---|---|---|---|---|---|---|
| AR-MRTC HQ | 16 | 19 | 10 | 0 | 0 | 45 | San Antonio, TX | AMEDDC&S |
| MEDICAL TRAINING BRIGADE | 8 | 19 | 9 | 0 | 0 | 36 | San Antonio, TX | AMEDDC&S |
| 1ST BN (IT) | 6 | 42 | 3 | 0 | 0 | 51 | Memphis, TN | South East Region |
| 2ND BN (IT) | 6 | 42 | 3 | 0 | 0 | 51 | Wilmington, DE | North East Region |
| 3RD BN (IT) | 7 | 68 | 4 | 0 | 0 | 79 | Houston, TX; Columbus, OH | Central Region |
| 4TH BN (IT) | 6 | 42 | 3 | 0 | 0 | 51 | Camp Parks, RFTA | Western Region |
| MEDICAL EXERCISE BRIGADE | 11 | 20 | 6 | 0 | 0 | 37 | Atlanta, GA | 3rd MEDCOM, AR-MEDCOM HQ, USARC |
| 1ST BN (TS) | 7 | 44 | 1 | 0 | 0 | 52 | Fort McCoy, WI | MRTC (Fort McCoy) |
| 2ND BN (ES) | 7 | 46 | 1 | 0 | 0 | 54 | Atlanta, GA | MED HQ, AR-MEDCOM HQ, USARC, 3RD MEDCOM |
| 3RD BN (ES) | 10 | 32 | 1 | 0 | 0 | 43 | Atlanta, GA | MED HQ, AR-MEDCOM HQ, USARC, 3RD MEDCOM |
| 5TH BN (TS) | 6 | 31 | 1 | 0 | 0 | 38 | Camp Parks, RFTA | MRTC (Camp Parks) |
| 75TH BN (TS) | 9 | 26 | 1 | 0 | 0 | 36 | San Antonio, TX | 75TH TSD |
| 78TH BN (TS) | 9 | 22 | 1 | 0 | 0 | 32 | Fort Devens, MA | 78TH TSD |
| 85TH BN (TS) | 9 | 23 | 1 | 0 | 0 | 33 | Fort McCoy, WI | 85TH TSD |
| 87TH BN (TS) | 9 | 22 | 1 | 0 | 0 | 32 | Atlanta, GA | 87TH TSD |
| 91ST BN (TS) | 9 | 25 | 1 | 0 | 0 | 35 | Camp Parks, RFTA | 91ST TSD |
| TOTAL | 135 | 523 | 47 | 0 | 0 | 705 | | |

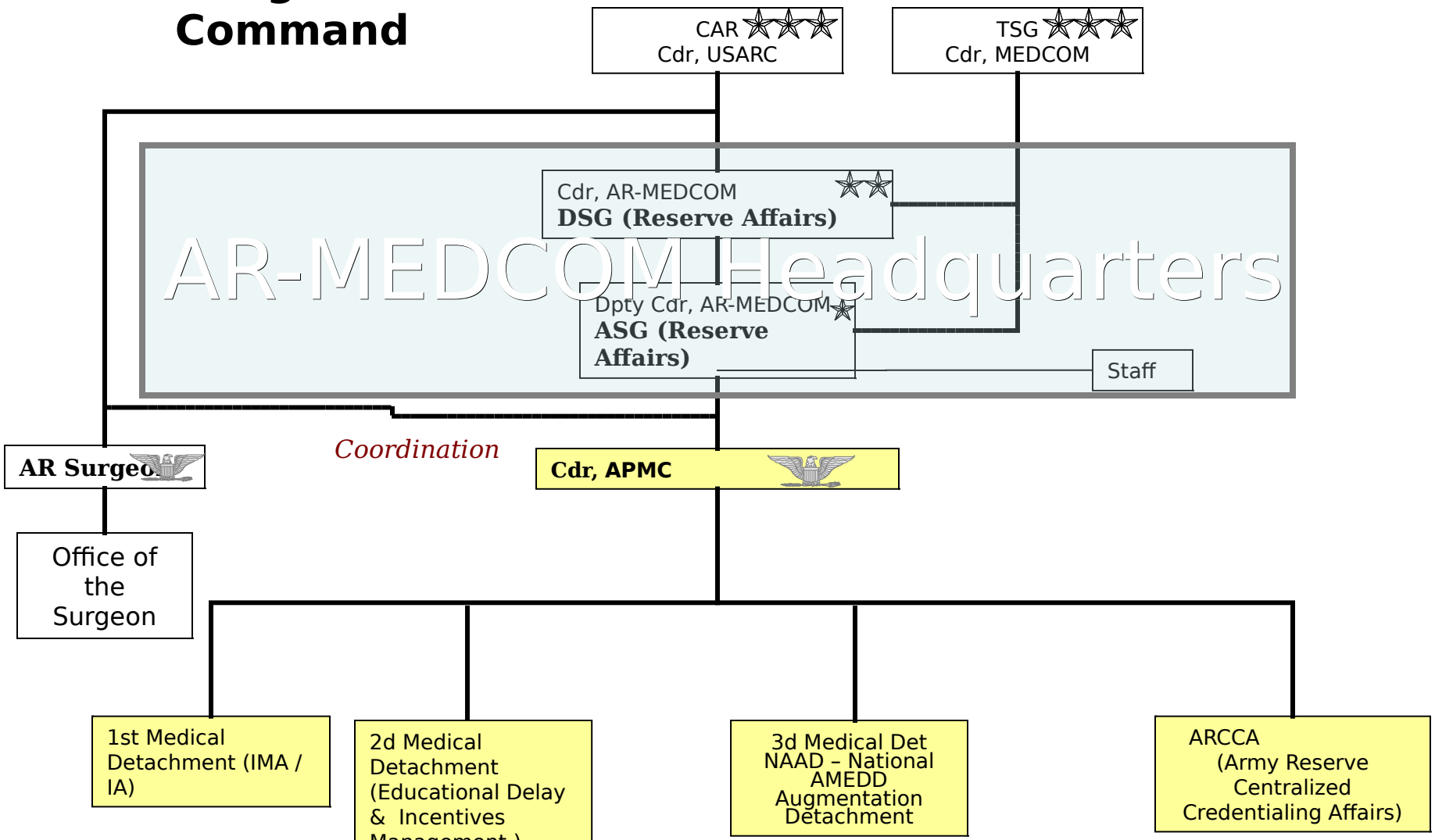
# Bill Payers (TAA-11)

| UIC | W70LAA | W71HAA | W72KAA | W73J AA | W74NAA | W75QAA | W75RAA | W76VAA | W8X5AA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| UNIT | 100TH BN (PN/HS) | 104TH BN (PN/HS) | 108TH BN (PN/HS) | 80TH BN (PN/HS) | 84TH BN (PN/HS) | 5TH BDE, 95TH DIVIT | 95TH BN (PN/HS) | 98TH BN (PN/HS) | 95TH BN (NHS) REGT | |
| MILITARY (TPU/AGR) | | | | | | | | | | |
| E3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E4 | 4 | 7 | 1 | 1 | 4 | 4 | 4 | 2 | 4 | 31 |
| E5 | 4 | 3 | 4 | 8 | 5 | 9 | 4 | 10 | 2 | 49 |
| E6 | 17 | 20 | 22 | 14 | 33 | 7 | 16 | 18 | 44 | 191 |
| E7 | 38 | 48 | 49 | 32 | 53 | 6 | 32 | 52 | 38 | 348 |
| E8 | 8 | 17 | 10 | 8 | 11 | 4 | 8 | 11 | 5 | 82 |
| E9 | 3 | 4 | 4 | 2 | 3 | 2 | 4 | 4 | 2 | 28 |
| W2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| W3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| W4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| W5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| O2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| O3 | 16 | 14 | 16 | 51 | 27 | 3 | 26 | 45 | 1 | 199 |
| O4 | 3 | 4 | 3 | 13 | 10 | 5 | 9 | 11 | 4 | 62 |
| O5 | 3 | 3 | 3 | 4 | 3 | 2 | 3 | 3 | 1 | 25 |
| O6 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 3 |
| O7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 96 | 120 | 112 | 133 | 149 | 44 | 106 | 156 | 103 | 1,019 |

# MRTC Implementation Timeline



# AMEDD Professional Management Command

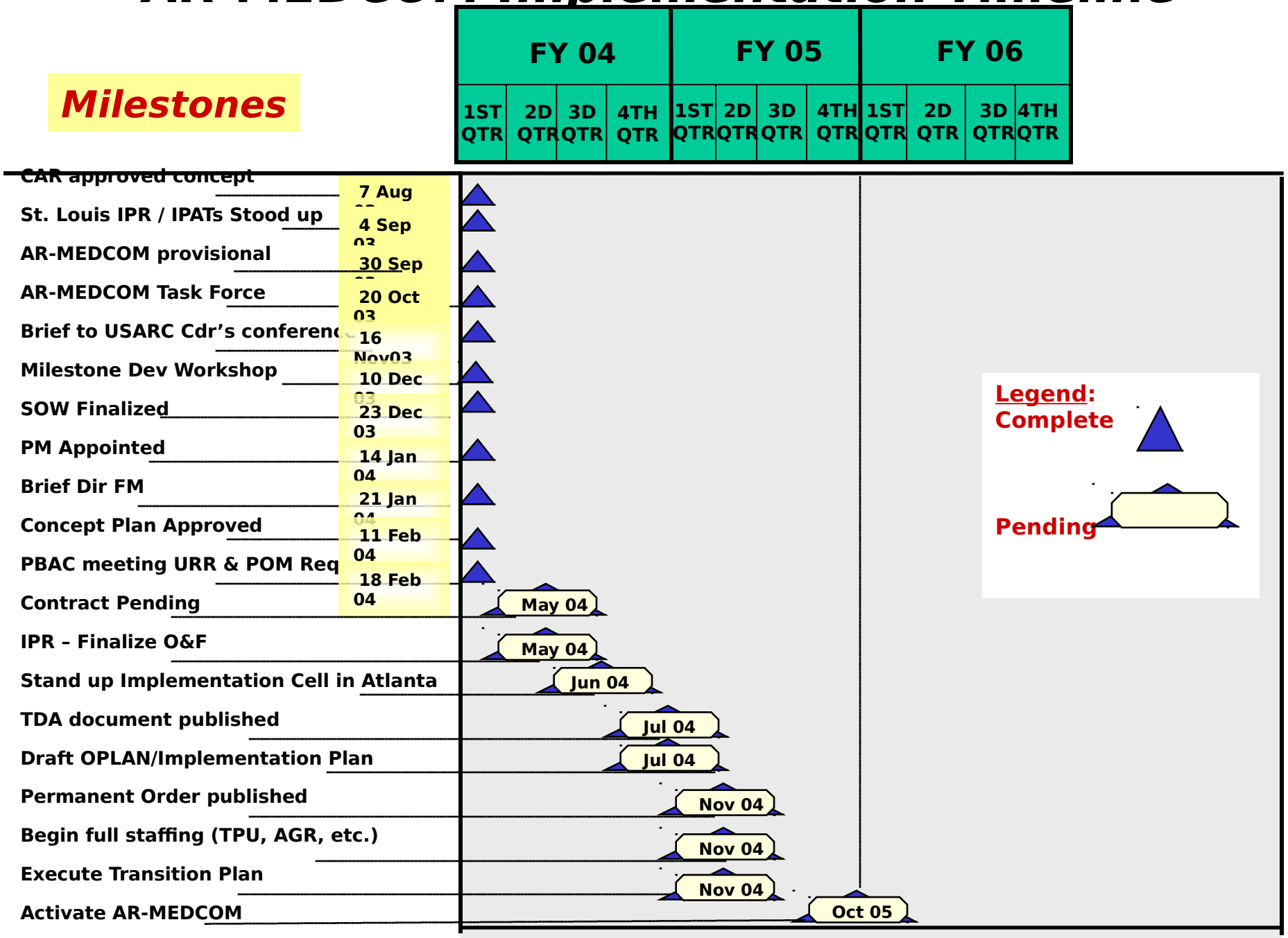





**DSG=Deputy Surgeon General**
**ASG=Assistant Surgeon General**

# AR-MEDCOM Implementation Timeline

## Milestones



# Summary

- **AR-MEDCOM provisional October 2003**
- **AR-MEDCOM in carrier status October 2004**
- **Process Action Teams working (Stationing, Personnel Training, Integration and Regional Command issues)**
- **Implementation Cells standing up in Atlanta and San**
- **AR-MEDCOM operational (readiness goal is 70%) by 16 October 2005**

# QUESTIONS?